**ENQL 7-1 CY13** 

**PERMANENT** 

Retire 08/18



## **United States Department of Agriculture**

Animal and Plant Health Inspection Service

Policy and Program Development

Environmental and Risk Analysis Services, Unit 149 4700 River Road Riverdale, MD 20737

August 1, 2013

Document Processing Desk [6(a)(2)] Office of Pesticide Programs (7504P) Ariel Rios Building U.S. Environmental Protection Agency 1200 Pennsylvania Avenue N.W. Washington, DC 20460-0001

ATTN:

Mr. Norman Spurling

SUBJECT: FIFRA, Section 6(a)(2) quarterly report: aggregate adverse effect

incidents dated March, April, and May 2013 for the reporting

period ending July 31, 2013

During this reporting period, the following APHIS-registered pesticide product was involved in adverse incidents:

> EPA Reg. No. 56228-15 Active Ingredient:

M-44 Cyanide Capsules CAS No. 143-33-9

Sodium Cyanide

No. of Incidents **Incident Category** W-A 1 1 D-A W-B 4

Details of the incidents (involving the deaths of one bald eagle, one domestic dog, one domestic raven, and three feral dogs) can be found in the enclosures.

Please direct any questions pertaining to the adverse incident report to Ann Nasr at (301) 851-3099 or e-mail ann.m.nasr@aphis.usda.gov.

Sincerely,

David S. Reinhold

Chief, Environmental and Risk Analysis Services

Enclosures

00 0000 0000

	6	6(a)(2) ADV	ERSE	EFFECTS INCI	DENT INFO	)RMA	ATION REI	PORT			
INCIDENT CODE				ENT STATUS		DATE WS BECAME AWARE ES USE ONLY					ONLY
WA		ate		Da	te of last submi					REPORT NUM	IBER
	New C	5/08/20	13	Update			05/0	08/2013			
EMPLOYEE NAME (To conta	ct for additiona	information)	TELER	PHONE NUMBER	CONTACT NA	ME (If I	Non-APHIS)		Т	ELEPHONE I	NUMBER
Joel Lyons			70	1-439-2022	2						
DUTY STATION ADDRESS			53.		ADDRESS						
6985 149th	Avenus	se SE									
MccLeod, N	D 5805	7									
		LOCATION	1		SOURCE OF I	NFORM	MATION				
Walcott	S	TATE	COUN	ny Richland	Self		Telephon	e Call	Letter		
Walcocc		ND	r	CICIIIand	Medi	a	Oral Rep	ort 🔀	Other_	MIS I	ata_
EXPOSURE TYPE (Examples	include spill, s	splash, drift, runo	ff or oth	ner.)		-					· <del></del> ·
INCIDENT SITE [examples agricultural (specify crop), ra (specify), recreational area (sp	angeland/past	ture, noncrop ar	ea, fall	low field, public lands		xing/loa	ading, reentry,	DUCT ADVER during transpormulation]			
Rangeland/Pasture						M-44 device activated by non-target species - Eagle, Bald					
EPA REGISTRATION NUMBE	- D	RODUCT NAME				ACTR	/E INGREDIEN	IT.			
56228-15								 Cyanide	Δ.		
30220-13		M-44				50	o Luiii	Cyamira			
WAS THE PRODUCT	W	HAT WAS THE	DILUTIO	ON RATIO (If applicable	)		THE LABEL			E APPLICATO	
Concentrated Dilu	ited					-	CTIONS FOLL Yes No	1.	X Yes	ED (If applical  No	ble)
IS THERE EVIDENCE OF INT	ENTIONAL MI	ISUSE (if "Yes", e	explain)						حدا	· L	
Yes No											
SUMMARY OF THE INCIDEN	IT (Attach supp	elemental form if	needed	i)							****
M-44 devices				-	ntegrat	ed :	predat	or dama	ige	0000 0000	
										0000	
			,					0000	0 0	00000	ı
NAME OF PREPARER		SIG	NATU	RE ,	1	TELEF	PHONE NUMB		0	ATE o	
Nancy Stepha	an			Janu St	y ban	70	1-250-	4405		05/39	/2013
NAME OF SUPERVISOR		şiG	NATO	RE D	1	TELEF	PHONE NUMB	BER	D	ATE 6	)
Phil Mastra	ngelo		Kı	is / Mir	SAV	70	1-250-4	1405		05/29	/2013
WS FORM 160-R (June 9	9)	Vil	ocal R	Reproduction Authorize	ed)						

				ES USE ONLY
DOMESTIC AN	IIMAL, FAUNA, OR FLORA INC	CIDENT - SUPPLEME	NTAL REPORT FORM	REPORT NUMBER
"X" ONE			"X" ONE	NUMBER OR ACRES AFFECTED
Amphiblan Fish	X Bird Mammal Invertebra	ate Raptila Plant	Domestic X Wild	5.20
SPECIES COMMON NAME	Raven, Common		BREED (If known)	
DESCRIBE SIGNS, SYMPT	OMS, ADVERSE EFFECTS	E 2	8 B	
The Eagle	was killed after a	ctivating a M-	-44 device.	
IF LABORATORY TESTS W	VERE PERFORMED, LIST NAME OF TEST	(S) AND RESULTS (if available	, attach copies):	
<b>-</b>		ll l	•	8
MACHITIDE OF THE	ICT (o.g. miles of street	torrected 6-62-4		
MAGRITUDE OF THE EFFE	ECT (e.g., miles of streams, square area of	reneemidi HADRAT)		
PESTICIDE APPLICATION I	RATE AND METHOD OF APPLICATION (In	clude brief description of baiting	g if applicable)	
1 M-44 devi	ce was activated.			
WAS PREBAITING USED O	N THE SITE (Describe)			
	BITAT AND CIRCUMSTANCES UNDER WI s were set in Range			of coyote
predation in				∡ ·-
ADDITIONAL FACTORS				
				0000
				0 0 0
				0 0000
			(	00000 0000
NAME OF PREPARER		SIN ATION	7) 0	20000 00 0
Nancy Stepha	ın	SIGNATURE	Sterian	05/29/2013
NAME OF SUPERVISOR		SIGNATURE		7 DATE
Phil Mastran	ngelo	pul.	Mustle.	05/29/2013

# \*Personal privacy information\*

INCIDENT CODE			DENT STATUS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DENT INFORMATION REPORT  DATE WS BECAME AWARE 4. ES USE				
	Date		Second Land Land	ate of last submission		3 REPORT NUMBER			
D_A	New		Update 5-	16-13	4/30/2013	3			
EMPLOYEE NAME (To co	intact for additional info	ormation) TELE	PHONE NUMBER	CONTACT NAME	(If Non-APHIS)	TELEPHONE NUMBER			
Dwayne M			5-355-7585	5-355-7585					
DUTY STATION ADDRES		1		ADDRESS					
Fort Sumner , N	N.M. 88119								
	INCIDENT LO	CATION		SOURCE OF INFO	ORMATION				
CITY	STAT		Elitabeth and the second	Self	Telephone Call	Letter			
Fort Sumr	ner N.	M. D	eBaca	Media	Oral Report	Other			
EXPOSURE TYPE (Examp	ples include spill, splan	sh, drift, runoff or a	(her.)						
Inhalation									
INCIDENT SITE (examp		A TOTAL CONTRACTOR OF THE PARTY		THE RESERVE TO SERVE THE PARTY OF THE PARTY		RSE INCIDENT: [examples incl			
agricultural (specify crop (specify), recreational area					g/loading, reentry, during transp manufacturing/formulation]	ort, repair/maintenance of applica			
	,					Walnut 1-			
Range Lan	. 1			Norma	luse of M-48	(1711/			
EPA REGISTRATION NUM		UCT NAME		11-	CTIVE INGREDIENT				
56228-15	m-	-44 cya	nide caps	sule s	odium cyani	de			
WAS THE PRODUCT	WHAT	WAS THE DILUT	ION RATIO (if applicable		ERE THE LABEL RECTIONS FOLLOWED	(AS THE APPLICATOR ERTIFIED (If applicable)			
Concentrated [	Deluted 91	.06%acti	ve,8.94% ir	nactive i	Yes No	Yes No			
IS THERE EVIDENCE OF	INTENTIONAL MISUS	SE (If "Yes", explain	1)						
Yes	No								
	ENT (Attach supplem	ental form if neede	d)						
SUMMARY OF THE INCID				- '		, ,			
SUMMARY OF THE INCID	e ortanal d	Vog Axile	dan N1-442	Device on	sefand that h	adexperienced			
a free range	e orteral d	-		Device on	of and that h	ad experienced			
a free range	e orteral d	calle tor							
a free range	e orteral dicate to e	coyotes.	ated a reigh	shor.	The own	er efthedog. 1			
a free range loss of hiv the ecopera	e orteral de cestock to e ter,	coyotes.	cted a neigh	bor.	the own	ver of the dog. I			
a free range loss of hiv the ecopera	e orteral de cestock to e ter,	coyotes.	cted a neigh	bor.	the own	ver of the dog. I			
a free range loss of hiv the ecopera	e orteral de cestock to e ter,	coyotes.	cted a neigh	bor.	the own	er efthedog. 1			
a free range loss of hiv the ecopera	e orteral de cestock to e ter,	coyotes.	cted a neigh	bor.	the own	ver of the dog. I			
a free range Loss of Liv The coopera	e orteral de cestock to e ter,	coyotes.	cted a neigh	bor.	the own	ver of the dog. I			
a free range loss of hiv the ecopera	e orteral de cestock to e ter,	coyotes.	cted a neigh	bor.	the own	ver of the dog. I			
the ecopera	e orteral de cestock to e ter,	coyotes.	cted a neight that his do	spokenld	the own	ver of the dog. I			
the ecopera  3 miles) an	e orteral de cestoek to e ter, de expre.	coyotes.  conta  conta  now ledge  ssed tha	cted a neight that his do	g skould no ill to	the own not have been eelings over	that far away (as the incident.			
1055 of LIV  The ecopera  3 miles An	e orteral de cestoek to e ter, de expre.	coyotes.  conta  conta  now ledge  ssed tha	that his do	g skould no ill to	The own not have been eelings over	that far away (as the incident.			
A free range Loss of Liv  The coopera  3 miles An	e orferal destock to e ter, dexpres	coyotes.  conta  conta  now ledge  ssed than  signati	that his do	g skould no ill to	the own not have been eelings over	the incident.  DATE  5.5-14-13			

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		ES USE ONLY
DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEME	ENTAL REPORT FORM	REPORT NUMBER
X" ONE	TXT ONE	NUMBER OR ACRES AFFECTED
Amphibian Fish Bird Mammal Invertebrate Reptile Plant	Domestic Wild	11/4
SPECIES COMMON NAME	BREED (If known)	77321
Dog DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS	Large Mixed Breed	
Dooth		
Death		
IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available	e, attach copies)	
N1/A		
N/A		
MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitet)		
N/A		
PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of bailing	ng if applicable)	
1 M-44 unit/ capsule		
WAS PREBAITING USED ON THE SITE (Describe)		
Yes No		
DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCUR	RED	
open rangeland, Mesa top habitat	11 -1 11.	conto
in the unit was set in response to predation	of fiveslock by	ceroles
Free lange dog pulled Ni-44.		
open rangeland, mesa top habitat,m-44unit was set in response to predat	ion of livestock by covotes	. Free range dog bulled m-4
ADDITIONAL FACTORS		
	- J. J. 11 1760	Constantia of
The owner of the dog, Mr. was	contacted by The	Coeperator Ache
riscussed the incident with him Mir. 57ai	ted that the dogs	hould not have b
ofar from his home and nir. had no in	I feeling over 1	Re In eldent.
Mr. contact into, 18		
7-17 - C. W. W. C. W. W. C. W.		DATE
NAME OF PREPARER SIGNATURE	- Alli.	5-14-13
Dwayne Milliron	Million	5-14-13
NAME OF PREPARER SIGNATURE	Million	5-14-13 5/2\/\)

INCIDENT CODE		6(a)(2) ADV			DENT INFO	RMA	TION REPORT	1	-1
INCIDENT CODE		Date	INCIDENT				DATE WS BECAME AWAR	RE	ES USE ONLY REPORT NUMBER
W-B	X New			Update	ate of last submi	ssion			REPORT NUMBER
		03/01/2	1013	Opulate			03/01/2013		Y
EMPLOYEE NAME (To contact	ct for addition	onal Information)	TELEPHON	E NUMBER	CONTACT NA	ME (If N	Non-APHIS)		TELEPHONE NUMBER
Scott Evens			701-72	28-6623					
DUTY STATION ADDRESS 930 59th St.	Nort	h	<u> </u>		ADDRESS				
Granville, NI	587	41							
	INCIDE	NT LOCATION			SOURCE OF I	NFORM	MATION		
CITY		STATE	COUNTY		Self	Г	Telephone Call	Letter	
Rolette		ND	Rolet	te	Medi	a [	Oral Report	,	MIS Data
EXPOSURE TYPE (Examples	include sp!	li, spiash, drift, runo	ff or other.)						
			Ų.						
INCIDENT SITE [examples agricultural (specify crop), ra (specify), recreational area (sp	angeland/p	asture, noncrop ar	rea, fallow fie		application, mi	xing/loa			CIDENT: [examples include air/maintenance of application
Rangeland/Pas	sture	(6)			M-44 d	levi	ce activated	l by	
J ,					non-ta	ırge	t species -	Fer	al Dog
EPA REGISTRATION NUMBE	R	PRODUCT NAME	, 6			ACTIV	E INGREDIENT		
56228-15		M-44				٤	Sodium Cyanid	de	
WAS THE PRODUCT		WHAT WAS THE	DILUTION RA	TIO (If applicable	9)		THE LABEL		HE APPLICATOR
X Concentrated Dilut	ted	5 2			8	CTC	TIONS FOLLOWED	L420	FIED (If applicable) es No
IS THERE EVIDENCE OF INT	ENTIONAL	MISUSE (If "Yes",	explain)						
Yes X No									
SUMMARY OF THE INCIDENT	T (Attach s	applemental form if	needed)						
M-44 devic	e had	l been se	t as p	art of	an inte	gra	ted predator	dan	nage
program fo	r liv	restock p	rotect	ion.					
	20								
			_						
NAME OF PREPARER		sıç	NATURE	<i>\( \)</i>	1	TELEP	PHONE NUMBER		DATE
Nancy Stephan	L .		Lauc	Star	Than	701	1-250-4405		03/19/2013
NAME OF SUPERVISOR		şíd	NATURE	71/1/		TELEP	HONE NUMBER		DATE
Phil Mastrang	relo	W	1 lil	y/1/10	M	<b>-7</b> 0:	1-250-4405		03/19/2013
WS FORM 160-R (June 99	9)	112	ocal Reprod	luction Authoriz	ed)				

		ES USE ONLY
DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEME	NTAL REPORT FORM	REPORT NUMBER
OUT LEADING		
"X" ONE	"X" ONE	NUMBER OR ACRES AFFECTED
Amphibian Fish Bird X Mammal Invertebrate Reptile Plant	Domestic Wild	
SPECIES COMMON NAME Dog, Feral, Free-Ranging and Hybrids	BREED (If known)	
DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS	I	
The pet was killed after activating an M-4	4 device.	
IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available,	attach copies):	¥
MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)		
		ē
PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting	if applicable)	
1 M-44 device was activated.		
WAS PREBAITING USED ON THE SITE (Describe)		
Yes No		
	*	
DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURR	ED	
M-44 device was set in range/pasture land f	or management of	
coyote predation on livestock	5	
ADDITIONAL FACTORS		
W.		
NAME OF PREPARER SKONATURE	2	DATE
[ <del>]</del>	(+, d)	02
Nancy Stephan	1 exnar	03/19/2013
NAME OF SUPERVISOR		DATE
Phil Mastrangelo	11/8	03/19/2013

# U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE WILDLIFE SERVICES

		6(a)(2) ADV	ERSE	<b>EFFECTS INCI</b>	DENT INFO	RMA'	TION REPORT			
INCIDENT CODE		9.	INCIE	ENT STATUS			DATE WS BECAME AV	VARE	ES USE ONLY	
WB		Date			ate of last submis	ssion	OF THE INCIDENT	_ [	REPORT NUMBER	
	New	04/03/20	13	Update			04/03/20	13		
EMPLOYEE NAME (To conta	ct for addition	onal information)	TELE	PHONE NUMBER	CONTACT NA	ME (if No	on-APHiS)		TELEPHONE NUMBER	
Scott Evens			70:	1-728-6623	3					
DUTY STATION ADDRESS					ADDRESS		· · · · · · ·	1		
930 59th S	treet	North			=					
Granville,										
OITY	INCIDE	NT LOCATION STATE	001111		SOURCE OF II	NFORMA	ATION			
Bottineau		}	COUN		Seif		Telephone Call	Letter		
2000111044		ND	В	ottineau	Media	а [	Oral Report [	X Other_	MIS Data	
EXPOSURE TYPE (Examples	include spi	ii, spiash, drift, runo	ff or oth	er.)						
INCIDENT SITE [examples									CIDENT: [examples include	
agricultural (specify crop), ra (specify), recreational area (sp							ling, reentry, during trar ufacturing/formulation]	nsport, repa	air/maintenance of application	
					M. 44	d	iao satirrat	od b-	r non towast	
Rangeland/Pa	sture				M-44 device activated by non-target species - Raven, Common					
					speci	.65 -	- Ravell, Coll	mion		
EPA REGISTRATION NUMBE	R	PRODUCT NAME			15.	ACTIVE	INGREDIENT	1		
56228-15		M-44					dium Cyani	ide		
WAS THE PRODUCT			יידון ווח	ON RATIO (if applicable		WEDE	THE LABEL	WAST	HE APPLICATOR	
-X		WINNI TIMO INE	DILU I K	on roano (ii applicable	7)	DIRECT	TIONS FOLLOWED		FIED (If applicable)	
				=		X Ye	es No	X Y	es No	
IS THERE EVIDENCE OF INT	ENTIONAL	MISUSE (if "Yes",	expiain)							
Yes X No										
SUMMARY OF THE INCIDEN	T (Attach si	inniemental form if	needed	)						
SUMMARY OF THE INCIDEN	i (Allacii si	аррієпненца понні п	needed	,						
M-44 devices	had	been set	as	part of i	ntegrate	ed r	redator da	mage		
program for				_		~~ <u>}</u>	reactor da			
<u> </u>		p10		<b></b>						
al .										
NAME OF PREPARER		e i	IUTAN	DE .	, 1	TEI EDI	HONE NUMBER	Т	DATE	
Nancy Stepha	m	3		1+1	1.4104		L-250-4405		05/20/2013	
		1	lu	messign	an				03/20/2013	
NAME OF SUPERVISOR Phil Mastra	ngelo	sic	INATUI	RE U	-11-		HONE NUMBER		DATE	
TITE PRODUE	50+0	L /	1	/ 14	111	701	-250-4405		05/20/2013	

701-250-4405

05/20/2013

		•		ES USE ONLY
DOMESTIC AN	REPORT NUMBER			
"X" ONE			"X" ONE	NUMBER OR ACRES AFFECTED
Amphibian Fish	X Bird Mammal Invertebrate	Reptile Plant	Domestic X Wild	
SPECIES COMMON NAME	Raven, Common		BREED (If known)	
DESCRIBE SIGNS, SYMPTO	OMS, ADVERSE EFFECTS			
The Raven	was killed after act	ivating a M	-44 device.	
			2	
			14	
IE I ADODATODY TROTO "	VEDE DEDEADMEN LIGHT MANY OF TRACES	AND DECIMED #5 #5 ** * * *	attack and rev	
IF LABUKATUKY TESTS W	VERE PERFORMED, LIST NAME OF TEST(S) /	AND KESULTS (if available	e, attach copies):	
				Ÿ Ü
MAGNITUDE OF THE EFFE	ECT (e.g., miles of streams, square area of terre	estrial habitat)		
199	tor (o.g., fillies of satisfins, square area of terre	овий паману		
PESTICIDE APPLICATION I	RATE AND METHOD OF APPLICATION (Include	le brief description of baltin	g if applicable)	
1 M-44 devi	ce was activated.			
WAS PREBAITING USED O	N THE SITE (Describe)			
	BITAT AND CIRCUMSTANCES UNDER WHICH S were set in Range/P			of coyote
predacton	i iivobooch.			
- -	961			
ADDITIONAL FACTORS				
NAME OF PREPARER		SIGNATURE		DATE
Nancy Stepha	an	1 ans	Lection	05/20/2013
NAME OF SUPERVISOR	_	SIGNATURE		DATE
Phil Mastran	ngelo	$ \mathcal{M}.\mathcal{M} $	arcolo	05/20/2013

### U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE WILDLIFE SERVICES

		6(a)(2) ADV	ERSE	EFFECTS INC	DENT INFO	RMA	TION REP	PORT		
INCIDENT CODE			INCID	ENT STATUS	77		DATE WS BE		RE	ES USE ONLY
W-B		Date		D	ate of last submi	ssion	OF THE INCI	DENT	F	REPORT NUMBER
0.002	New	04/18/2	013	Update			04/18,	/2013		
EMPLOYEE NAME (To conta	ct for addition	onal information)	TELEF	PHONE NUMBER	CONTACT NA	ME (If N	ion-APHIS)		1	TELEPHONE NUMBER
Scott Evens			701	-728-6623						
DUTY STATION ADDRESS 930 59th St.	Nort	h ·		1	ADDRESS		V			
Granville, N	5874	41								
	INCIDE	NT LOCATION			SOURCE OF I	NFORM	IATION			
CITY	19	STATE	COUN	TY	Self	ſ	Telephone	a Call	Letter	
Rolette		ND	Rol	ette	Medi	a [	Oral Repo		l.	MIS Data
EXPOSURE TYPE (Examples	include spi	li, splash, drift, runc	off or oth	er.)	1					
					ži.					
INCIDENT SITE [examples agricultural (specify crop), re	angeland/p	asture, noncrop a	rea, fall	ow field, public lands	application, mi	ixing/loa	ding, reentry,	during transp		IDENT: [examples include in/maintenance of application
(specify), recreational area (sp	ecry), right	-or-way (rall, utility,	nignway	/OI	equipment, du	•	_			
Rangeland/Pasture					M-44 device activated by					
					non-ta	arge	t spec	ies -	Fera	al Dog
EPA REGISTRATION NUMBER	ER	PRODUCT NAME	:			ACTIV	E INGREDIEN	Т		
56228-15		M-44			Sodium Cyanide					
WAS THE PRODUCT		WHAT WAS THE	DILUTIO	ON RATIO (If applicable	e)		THE LABEL	OWED	1	IE APPLICATOR IED (If applicable)
X Concentrated Dilu	ited					X			X Ye	
IS THERE EVIDENCE OF INT	ENTIONAL	MISUSE (If "Yes",	explain)							
Yes No										
SUMMARY OF THE INCIDEN	IT (Attach s	upplemental form if	needed	) ::						
M-44 device	ce had	d been se	et a	s part of	an inte	gra	ted pre	edator	dam	age
program fo	or liv	vestock p	rot	ection.						
NAME OF PREPARER			SNATU	RE ST		TELET	PHONE NUMB	ED.	1.	DATE
				14.1	, , , ,		1-250-4			05/20/2013
Nancy Stephar	T	<b>"</b>	JW	wysigo	ren	L		5		
NAME OF SUPERVISOR  Phil Mastrano	م [ م	SIG	UTANE		/,0	1	PHONE NUMB 1 - 250 - 4		-	DATE 05/20/2013

WS FORM 160-R (June 99)

	· · · · · · · · · · · · · · · · · · ·	ES USE ONLY
DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEME	NTAL REPORT FORM	REPORT NUMBER
"X" ONE	"X" ONE	NUMBER OR ACRES AFFECTED
Amphibian Fish Bird X Mammal Invertebrate Raptile Plant	Domestic Wild	72
SPECIES COMMON NAME  Dog, Feral, Free-Ranging and Hybrids	BREED (If known)	
DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS		
The pet was killed after activating an M-	44 device	
THE pet was hirred areas accurating an in	21 4071.00.	ē
		50
IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available	e, attach copies):	
	12	
*		
MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)		
PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting	ng if applicable)	
1 M-44 device was activated.	¥1 - 7	
WAS PREBAITING USED ON THE SITE (Describe)  Yes No		
		•
DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCUR		-
M-44 device was set in range/pasture land:	for management of	-
coyote predation on livestock		
ADDITIONAL FACTORS	<u>, , , , , , , , , , , , , , , , , , , </u>	
	a	
NAME OF PREPARER SIGNATURE		DATE
Nancy Stephan	ticken	05/20/2013
NAME OF SUPERVISOR SIGNATURE	0	DATE
Phil Mastrangelo	miller the second	05/20/2013

WS FORM 160-R (June 99)

		6(a)(2) ADV	ERSE	EFFECTS II	NCII	DENT INFO	<u>RMA</u>	TION REPORT		
INCIDENT CODE			INCID	ENT STATUS				DATE WS BECAME AWAR	RE	ES USE ONLY
W-B	<b>⊢~e&gt;</b>	Date			Da	te of last submis	sion	OF THE INCIDENT		REPORT NUMBER
	X New	05/06/2	013	Update				05/06/2013		
EMPLOYEE NAME (To conta	ct for addition	onal information)	TELEF	PHONE NUMBER		CONTACT NAM	ME (If N	lon-APHIS)		TELEPHONE NUMBER
Scott Evens			701	-728-662	23					
DUTY STATION ADDRESS 930 59th St.	Nort	h <sub>er</sub>				ADDRESS				4
Granville, NI	5874	41		#: 7. 12	53			*		
	INCIDE	NT LOCATION	11			SOURCE OF I	FORM	IATION		
CITY		STATE	COUN	TY		Self	ſ	Telephone Call	Letter	
Rolette		ND	Rol	ette		Media	. [	Oral Report	Other	MIS Data
EXPOSURE TYPE (Examples	include spi	ll, splash, drift, rund	ff or oth	er.)				0 8 2		5F.
INCIDENT SITE [examples agricultural (specify crop), ra (specify), recreational area (sp	angeland/p	asture, noncrop a	rea, fall	ow field, public I		application, mix	dng/loa			ICIDENT: [examples include air/maintenance of application
Rangeland/Pa	sture					M-44 d	levi	ce activated	i by	•
. ·						non-ta	rge	t species -	Fer	al Dog
EPA REGISTRATION NUMBER	ER .	PRODUCT NAME				·	ACTIV	E INGREDIENT		· · · · · · · · · · · · · · · · · · ·
56228-15		M-44				A 17	5	Sodium Cyanio	de	
WAS THE PRODUCT		WHAT WAS THE	DILUTIO	ON RATIO (If appl	icable	e) (		THE LABEL		THE APPLICATOR
X Concentrated Dilu	ted						רסח	rions followed	X	FIED (If applicable) res  No
IS THERE EVIDENCE OF INT	ENTIONAL	MISUSE (If "Yes",	explain)							
Yes No										
SUMMARY OF THE INCIDEN	T (Attach s	upplemental form if	needed	)						
M-44 devic					of	an inte	gra	ted predator	da	mage
NAME OF DEPTH 200	-	T	NATUI	DE .				WONE WITTER		DATE:
NAME OF PREPARER		SIG	PNATU	KE / / / .	1	1		PHONE NUMBER		DATE
Nancy Stephar	1	4	D	WW. ITA	6A	an	70:	1-250-4405		05/20/2013
NAME OF SUPERVISOR		SIG	SNATNI	RE IN	T		TELEF	PHONE NUMBER		DATE
Phil Mastrang	gelo		61	( · *   / [.		. Al	70	1-250-4405		05/20/2013

		ES USE ONLY
DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLE	MENTAL REPORT FORM	REPORT NUMBER
"X" ONE	"X" ONE	NUMBER OR ACRES AFFECTED
Amphibian Fish Bird X Mammai Invertebrate Reptile Plan	nt Domestic Wild	
Dog, Feral, Free-Ranging and Hybrids	BREED (If known)	
DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS		
The pet was killed after activating an M	-44 device.	
	# #	
IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available)	able, attach copies):	
*		
		02
MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)		
PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of ba	aiting if applicable)	
1 M-44 device was activated.		
WAS PREBAITING USED ON THE SITE (Describe)		
Yes No		
DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCU	JRRED	
M-44 device was set in range/pasture land		
coyote predation on livestock		
8 *		
	6	
ADDITIONAL FACTORS		
NAME OF PREPARER SYCHATURE	. 0	DATE
Nancy Stephan	Jalun	05/20/2013
NAME OF SUPERVISOR SIGNATURE	X -	DATE
Phil Mastrangelo	hust	05/20/2013

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